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Country note**

Yemen

Summary

The Executive Director presents the country note for Yemen for a programme of cooperation for the period 2002 to 2006.

The situation of children and women

1. Yemen has a gross national product per capita of $350 and a population of 17.4 million, of which 80 per cent is rural. Despite social progress over the past decade, the situation of children and women remains worrisome. Most goals of the World Summit for Children have not been achieved. The 1997 Demographic and Health Survey (DHS) shows that infant and under-five mortality rates remain high, at 75 and 105 per 1,000 live births, respectively. The maternal mortality rate (350 per 100,000 live births) and total fertility rate (6.5, according to the 1997 DHS) are among the highest in the region. From 1970 to 1999, primary school attendance increased from 22 to 59 per cent and health service coverage from 10 to 45 per cent; both, however, remain lower than rates in most other countries of the region.

2. Since the 1990 unification of the north and the south, the country has had to meet several challenges, including the merging of two different social systems, the effects of the Gulf war and the 1994 civil war. Yemen also hosts some 62,000 refugees, mainly from Somalia. Since 1995, the country has been implementing a

* E/ICEF/2001/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2001.

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structural adjustment and economic reform programme. The Government is committed to increasing health and education spending. Following the signing of a treaty with Saudi Arabia over a long-standing border dispute, it is anticipated that defence expenditure will decrease and social spending will increase. The Government is expected to pass a Unified Children's Law in 2001.

3. Most indicators show large gender and geographic disparities, as indicated by Ministry of Education and DHS statistics. These include: net primary school attendance (40 per cent for girls; 75 per cent for boys), literacy (23 per cent for women; 66 per cent for men), the use of improved sanitation facilities (92 per cent for urban areas; 34 per cent for rural areas), and access to health and other services. Diminishing water resources and inadequate access to safe water (68 per cent in rural areas, according to the DHS) are of concern. Diarrhoeal disease, acute respiratory infections and malaria are the principal causes of child mortality and morbidity. Immunization coverage rates have risen dramatically, from less than 50 per cent to over 70 per cent during the last 3 years, but vaccine-preventable diseases remain a problem. While Yemen has some way to go before being certified as polio-free, no polio virus has recently been reported in the country. Some 46 per cent children under five are moderately to severely underweight, and one fifth of infants suffer from low birth weight. Surveys conducted in parts of the country have shown prevalence of vitamin A deficiency and anaemia, the latter as high as 74 per cent among children age 1 to 6 in some districts. A national salt iodization programme reduced the total goitre rate from approximately 32 per cent in 1997 to 16 per cent in 1999. The number of reported cases of HIV/AIDS is 806, but there is significant underreporting.

4. The large gap between boys' and girls' net primary school attendance rates is due to many reasons: concerns about girls' contact with men and boys; a shortage of women teachers; the lack of separate sanitation facilities in schools; the priority given to boys' education and parents' perception of girls' education; the distance to schools in rural areas; and the costs of uniforms and school supplies. There is a shortage of classrooms and schools, and existing ones are often in poor condition. Textbook production meets only half the required needs, and distribution systems are inadequate, particularly in rural areas. Teacher absenteeism and irregular supervision of teachers are major problems.

5. The Government is committed to involving women in the national development process and to increasing their literacy rate. The National Women's Committee has recently been reactivated, and issues such as violence against women are now being discussed more openly. Despite such progress, efforts are still needed to bridge the significant gender disparities. The plight of children in need of special protection has drawn increased attention in recent years. While the Government is committed to eliminating child labour and addressing juvenile justice, national capacity is weak in these areas.

Lessons learned from past cooperation

6. The 1999-2001 country programme was notable in addressing a broad range of child rights issues, specifically child protection, and in achieving visible results through its area-based programme — an approach consistent with the Government's decentralization policy. UNICEF support to immunization, polio eradication,

vitamin A supplementation, salt iodization, flour fortification and girls' education led to positive results. Immunization coverage increased from 68 per cent in 1998 to 75 per cent in 1999, due mainly to a focus on districts with low coverage. Partnerships with the private sector led to the fortification of wheat flour with iron/folate. UNICEF efforts contributed to establishment of juvenile courts and alternative detention centres for minors. Some 310 primary school classrooms became fully operational, well-managed and capable of providing quality education to over 8,500 pupils. UNICEF advocacy led to an increase in new posts for female teachers from 500 to 1,600, and implementation of a law providing incentives to attract and keep female teachers in rural areas. Overall, UNICEF contributed to policy and strategy development at the national level, while achieving immediate results in deprived areas. Cooperation with partners has been strengthened. Some $29 million will be channelled through UNICEF from World Bank/International Development Association funds.

7. A number of lessons were learned from the current programme. More effort is required to share district- and community-level experiences with national task forces on health and education sector reform. Many programme objectives were overly ambitious. Some activities were too dispersed and poorly linked to objectives. Mechanisms to collect information on monitoring and evaluation indicators, both on programme progress and on the situation of children and women, remain weak. An evaluation showed that the area-based approach had accelerated project implementation, and that community participation and local capacity-building had led to positive results in the selected districts. The evaluation also noted, however, the need to improve planning and assessment processes at community level; strengthen linkages with governorate- and district-level planning; and ensure greater convergence of interventions.

Proposed country programme strategy

8. The overarching goals of the proposed programme of cooperation will be to support national efforts to reduce child and maternal mortality, and to support the realization of the rights of children and women, based on the principles of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. The programme will operate within the framework of the national development plan; the Government's poverty reduction strategy and its commitment to decentralization and increased local governance; and a harmonized cycle with other United Nations agencies. The development of the programme took place in parallel with those of the Common Country Assessment and the United Nations Development Assistance Framework. Key programme strategies include: participating in the sector reform process; advocating for and supporting appropriate policies; building capacities at all levels; providing basic social services and improving service quality through the area-based approach; and providing the knowledge, skills and support necessary at family and community level for children's survival, development and protection. The programme of cooperation comprises six programmes. Within each programme, policy development will be supported at the national level, while selective field interventions will converge with those of the area-based programme, which will cover 30 districts located in 9 governorates.

9. The *health and nutrition programme* will contribute to national goals, through support to service expansion, capacity-building and empowerment of selected communities. It will aim to raise and maintain immunization coverage above 90 per cent; contribute to polio eradication and to elimination of maternal and neonatal tetanus and measles; support the Integrated Management of Childhood Illness initiative; promote exclusive breastfeeding; and expand access to essential obstetric care. Through food fortification, salt iodization, vitamin supplementation, and health and nutrition education, UNICEF will continue to support government efforts to combat micronutrient deficiencies.

10. The *basic education programme* will seek to increase access to basic education for all children, especially girls; improve the quality of teaching and learning; and strengthen management capacity within the sector. UNICEF will continue to support the training of new female teachers and refresher training on a national scale, including the testing and adoption of new teaching methodologies. UNICEF will also assist the Government in developing a textbook policy and in designing appropriate measures to increase the availability of primary level textbooks and learning aids. Such activities will converge with those supported through the area-based programme. The programme will also support institutional capacity-building for planning and monitoring, including the measurement of learning achievement.

11. The *child protection programme* will support the development of policies and the improvement of legislation on child protection; the setting and monitoring of standards; and the strengthening of national capacities. UNICEF will support the training and sensitization of care providers and judicial and law enforcement officials, and will work with the governmental and non-governmental organizations to expand services for street children, children with disabilities, working children, and children and women in conflict with the law.

12. The *area-based programme* is an approach to ensure that all national-level sectoral objectives are met through the convergence and implementation of interventions in the selected districts. District-level baseline surveys and participatory assessments will be undertaken, and area-specific targets set. The synergy achieved through convergence is expected to result in greater impact, more efficient use of resources and improvement of indicators in the selected districts. The area-based programme will thus provide a minimum package of essential basic services, involve local communities and authorities in their design and management, and strengthen subnational institutions in the following areas: district health systems, community-based nutrition, community schools, water supply and sanitation, early childhood development, and women's empowerment and decision-making initiatives, including life-skills training and income generation.

13. The *advocacy, communication and social mobilization programme* will promote children's and women's rights and support other programmes in planning, implementing and evaluating communication activities. The active participation of communities and of youth as a force in these communities will be promoted as a means to achieve behavioural change. Since only 40 per cent of the population has access to television and radio, UNICEF will strengthen its cooperation with the Government's network of mosques, a major channel of communication. Capacity-building of partners, including media professionals, will focus on improving skills for designing appropriate programmes and raising public awareness. Private sector involvement will be actively pursued.

14. The *planning, monitoring and evaluation programme* will identify areas of disparity and strengthen national monitoring systems in these areas; develop an effective system for monitoring child rights in Yemen through strengthening the Higher Council for Mothers and Children; promote the application of the 20/20 Initiative in government and donor budgeting; and establish baselines and mechanisms to monitor and evaluate the country programme.

15. Cross-sectoral costs will cover programme implementation expenses not attributable to individual programmes, such as salaries and related expenses of certain programme and operations staff not included in the support budget.

Estimated programme budget

Estimated programme cooperation, 2002-2006[a]

(In thousands of United States dollars)

	Regular resources	*Other resources*	*Total*
Health and nutrition	5 100	5 500	10 600
Basic education	3 100	3 500	6 600
Child protection	1 800	2 500	4 300
Area-based programme	6 155	6 500	12 655
Advocacy, communication and social mobilization	1 000	1 000	2 000
Planning, monitoring and evaluation	900	1 000	1 900
Cross-sectoral costs	800	0	800
Total	**18 855**	**20 000**	**38 855**

[a] These are indicative figures only which are subject to change once aggregate financial data are finalized.